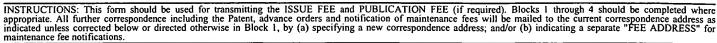
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax



CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22850

7590

11/28/2003

## CUSTOMER NUMBER 22850

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile

transmitted to the USPTO, on the date indicated below.	
	(Depositor's name
	(Signature
	(Date

& NEUSTADT PC

1330.00 OP

30.00 OP

	·					(Date)
APPLICATION NO.	FILING DATE	F	IRST NAME	O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/684,673	10/11/2000		Hisashi N	Mitamura	198337US3	3794
TITLE OF INVENTION: T	TRE <del>VOLCANO</del> EQUIPMEN VULCANIZING	NT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	03/01/2004
EXAN	MINER	ART UNI	Т	CLASS-SUBCLASS		
MACKEY	, JAMES P	1722		425-034100	_	·
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list names of up to 3 registered patent attorned		attorneys or 1 0!	BLON, SPIVAK,	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2 MCCLE			CLELLAND, MAIFR	

will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has

agent) and the names of up to 2 registered patent

attorneys or agents. If no name is listed, no name

01 FC:1501

02 FC:8001

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Kabushiki Kaisha	Kobe Seiko Sho(	Kobe Steel, Lt	d.) Ko	be-shi,	JAPAN		
Please check the appropriate assignee ca	tegory or categories (will not b	e printed on the patent);	🗅 individual	X corporation	or other private group entity	☐ government	
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):					
🗶 Issue Fee	•	A check in the amo	ount of the fee(s)	is enclosed.			
☐ Publication Fee		A Payment by credit	card. Form PTO-	2038 is attached	i.		
🚨 Advance Order - # of Copies	-10	The Director is he Deposit Account Nun	ereby authorized nber 15-00	by charge the r	equired fee(s), or credit any (enclose an extra copy of this	overpayment, to form).	
Director for Patents is requested to apply	the Issue Fee and Publication	Fee (if any) or to re-apply	any previously p	oaid issue fee to	the application identified abo	ve.	
(Authorized Signature)  NOTE; The Issue Fee and Publication other than the applicant; a registered interest as shown by the records of the	attorney or agent; or the as	signee or other party in	02/12/20	04 ANABI2	00000008 09684673		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

DOCKET NO.: 198337US3/anc



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Hisashi MITAMURA

SERIAL NUMBER: 09/684,673

**GROUP: 1722** 

FILED: October 11, 2000

**EXAMINER: MACKEY, JAMES P** 

FOR: TIRE VULCANIZING EQUIPMENT

## REQUEST TO CORRECT TITLE OF INVENTION

MAIL STOP ISSUE FEE **COMMISSIONER FOR PATENTS** P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450** 

SIR:

In the matter of the above-identified application for patent, we hereby request correction of your records to reflect the correct title of the invention. The title of the invention should read as follows: TIRE **VULCANIZING** EQUIPMENT.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Customer Number 22850

Tel.: (703) 413-3000 Fax: (703) 413-2220 (OSMMN 08/03)

I:\user\ANCLE\PTO Reg\198337US.doc

Attorney of Record

Registration No. 21,124

Joseph A. Scafetta, Jr. Registration No. 26, 803